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## Application Number **CHANGE OF** CORRESPONDENCE ADDRESS Filing Date Application First Named Inventor Art Unit Address to Commissioner for Patents Examiner Name P.O. Box 1450 Alexandna, VA 22313-1450 f 0001749 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with Customer Number: OR F<sub>i</sub>m or Individual Name Address State City 67962-2245 Country Email Telephone 885-8508 (425) This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3 73(b) is enclosed (Form PTO/SB/96). Attorney or agent of record. Registration Number\_ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1 33(a)(1). Registration Number. Signature Typed or Printed Name Telephone (206) 381-3300 6-28-05 NOTE Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

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